STATE OF UTAH INSURANCE DEPARTMENT

REPORT OF FINANCIAL EXAMINATION

of

EDUCATORS HEALTH CARE

of

Salt Lake City, Utah

as of

December 31, 2005

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September 22, 2006

Honorable D. Kent Michie
Insurance Commissioner
State of Utah
3110 State Office Building
Salt Lake City, UT 84114

Commissioner:

Pursuant to your instructions and in compliance with statutory requirements, an examination, as of December 31, 2005, has been made of the financial condition and business affairs of:

EDUCATORS HEALTH CARE
Salt Lake City, Utah

hereinafter referred to in this report as the Organization, and the following report of examination is respectfully submitted.

SCOPE OF EXAMINATION

Period Covered by Examination

The current examination covers the period from January 1, 2002, through December 31, 2005, including any material transactions and/or events occurring subsequent to the examination date noted during the course of the examination.

A letter of representation attesting to the Organization's ownership of all assets and to the nonexistence of unrecorded liabilities was signed by and received from the Organization's management at the initiation and conclusion of the examination.

Examination Procedure Employed

The examination included a general review and analysis of the Organization's operations, the manner in which its business was conducted, and a determination of its financial condition as of December 31, 2005. The examination was conducted in accordance with the NAIC Financial Condition Examiners Handbook, while also incorporating top-down, risk-focused examination techniques. The objectives of our examination were to reach conclusions about ongoing corporate governance, risk management, infrastructure and processes, as well as the Organization's financial condition and operating performance as of December 31, 2005.

Status of Prior Examination Findings

The previous examination was conducted by the Utah Insurance Department (the Department), as of December 31, 2001. Significant examination findings noted in the prior examination report were the following.

- There were several comments in the prior report concerning corporate records, related to the board of directors meeting minutes and the Organization's bylaws. The specific items were resolved.

- Several members of the board of directors identified interests that may give actual or potential conflict with their duties or judgment as an employee of the Organization. The Organization had an adequate conflict of interest disclosure policy in place at December 31, 2005, and signed statements were kept current. (See Conflict of Interest Procedure section)

- During the prior examination period, the Organization did not notify the Commissioner in writing of its intention to amend its administrative services agreement with Educators Mutual Insurance Association (EMIA) at least 30 days prior to entering into the amendment as required by Utah Code Annotated (U.C.A.) § 31A-16-106.. During 2002, a Form D - Prior Notice of a Transaction, with regard to the amendment to the administrative services agreement with EMIA was filed in September of 2002. (See Transactions with Affiliates section)

- Several accounts and records deficiencies were identified. We noted that there were also several deficiencies in accounts and records during the period covered by this examination. (See ACCOUNTS AND RECORDS section)

HISTORY

General

The Organization filed its Articles of Incorporation (the Articles) on October 1, 1979, with the Department exclusively for charitable and research purposes under Section 501(c)(3) of the Internal Revenue Code. The Articles authorized 50,000 shares of no par value common capital stock. The Organization commenced business on October 1, 1979, and holds a certificate of authority to write Health Maintenance Organization (HMO) business in Utah.

The Articles were amended on January 30, 2003, to delete and replace Article III in its entirety, and to identify the operation as an HMO under Title 31A Chapter 8 of the Utah Insurance Code, and to add Article XI – "Officers", to specify the procedures for selecting and removing directors and officers, pursuant to the 2000 legislative session, U.C.A. § 31A-8-204 (g).

Capital Stock

As of December 31, 2005, the Organization had 50,000 authorized shares of no par common capital stock. The parent, Educators Mutual Insurance Association (EMIA), owns 100 percent of the 10 shares issued and outstanding common stock at a total reported value of $330,000, resulting in a stated value of $33,000 per share.

Dividends to Stockholders

The Organization did not declare or pay dividends during the examination period.

Management

The Organization's bylaws require that the directors and officers be the same as those of the parent. U.C.A § 31A-8-215 applies U.C.A § 31A Chapter 5, Part IV to HMOs. U.C.A § 31A-5-408 (2) requires shareholders to elect directors.

The following persons served as directors of the Organization as of December 31, 2005:

Name and Residence	Principal Occupation
Arlene Arnold Orem, Utah	Uniserv Director Eastern Utah Uniserv
Michael Evans Fillmore, Utah	Teacher Development Trainer Millard School District
James C. Fontaine	Retired Senior Vice President/CFO Deseret Mutual Benefit Administrators
Michael R. Francis Orem, Utah	Controller and Assistant Vice President for Business Services, Utah Valley State College
Paul R. Gottfredson Ephraim, Utah	Business Administration South Sanpete School District
Lynette Grow Riverdale, Utah	Teacher Weber School District
Wallace G. Harmer Salt Lake City, Utah	Retired Business Administrator Salt Lake School District

Michael W. Hepner West Jordan, Utah	Executive Director Utah School Employees Association
Henry E. Jolley Lindon, Utah	Retired Superintendent of Schools Beaver County School
Susan Kuziak Salt Lake City, Utah	Executive Director Utah Education Association
Timothy Leaman Paradise, Utah	Teacher Cache County School District
Roger A. Pate Orem, Utah	Physical Facilities Supervisor Alpine School District
Randy R. Smart Sandy, Utah	Attorney, Smart, Schofield Shorter & Lunceford
James M. Thompson Price, Utah	Teacher Carbon School District
Scott C. Thornton Centerville, Utah	Chief Actuary Deseret Mutual Benefit Administrators

There were several committees of the board of directors as of December 31, 2005. The primary committees were the following:

Executive Committee	Audit Committee
Wallace G. Harmer, Chair	Mike R. Francis, Chair
Susan M. Kuziak	Arlene Arnold
James C. Fontaine	Wallace G. Harmer
Michael W. Hepner	Roger A. Pate
Rolando I. Galano	James M. Thompson

Finance Committee	Legislative Committee
James C. Fontaine, Chair	Mike W. Hepner, Chair
Michael Evans	Paul R. Gottfredson
Henry E. Jolley	Lynette Grow
Timothy Leaman	Susan Kuziak
Scott C. Thornton	Randy R. Smart

Officers of the Organization as of December 31, 2005, were as follows:

Name	Title
Rolando I. Galano	President/Chief Executive Officer
David S. Glauser	Vice President, CFO - Treasurer
Reagan S. Wood	Chief Operating Officer (COO) - Secretary
Ryan D. Hortin	Vice President
John J. Javorsky	Vice President
Christie H. Hawkes	Vice President
Steven C. Morrison	Vice President
Laverne Zaloba	Vice President
Joseph H. Campbell	Vice President
Tiffany Bermingham	Vice President

Subsequent to December 31, 2005: Reagan S. Wood resigned as Chief Operating Officer effective February 28, 2006. Jennifer Gallegos filled the position of Corporate Secretary, on March 23, 2006. John J. Javorsky, VP, Information Systems was terminated on July 11, 2006. On June 12, 2006, the Company hired Ted Peck, to fill a newly created office of Chief Information Officer (CIO).

Biographical affidavits for officers and directors were filed with the Department in accordance with U.C.A. § 31A-5-410(1)(a)(ii).

Conflict of Interest Procedure

The Organization had an established procedure for disclosing to its board of directors any material affiliation on the part of its officers, directors, or responsible employees, which would likely conflict with the individual's official duties. Each person was required to file an annual statement disclaiming or disclosing any material conflict of interest. No exceptions to the established procedure were noted by the examination.

Corporate Records

Minutes of the meetings of the sole shareholder and minutes of the meetings of the board of directors were reviewed. The minutes indicated the Organization operates within the scope of its authority and the directors are properly informed of and participate in Organization affairs. At each annual board meeting, a detailed report of investment transactions since the previous meeting is presented and approved. In general, the minutes of meetings of members, directors, and committees adequately approved and supported the Organization's transactions and events. The Utah Insurance Department examination report as of December 31, 2001, was distributed to the board as required by U.C.A. § 31A-2-204 (8).

Acquisitions, Mergers, Disposals, Dissolutions, and Purchases or Sales through Reinsurance

The Organization was not involved in any acquisitions, mergers, disposals, dissolutions, and purchases or sales through reinsurance during the examination period.

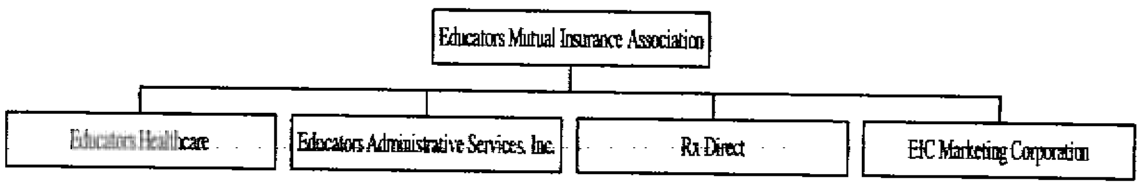
Surplus Debentures

The Organization has no outstanding surplus debentures.

AFFILIATED COMPANIES

The Organization is wholly owned and controlled by Educators Mutual Insurance Association (EMIA).

An organizational chart illustrating the holding company system, and the Organization's relationship within the holding company system is as follows:



Educators Administrative Services, Inc. (EASI), formerly Educators Insurance Company, is a Utah for-profit corporation, licensed as a third party administrator of life and accident and health insurance. Educators Health Care (EHC) is a Utah domiciled non-profit health maintenance organization. EIC Marketing Corporation (EICM) is a for-profit brokerage firm organized to market insurance and employee benefit products. RxDirect, Inc. (Rx) is a for-profit prescription benefit management company.

Transactions with Affiliates

The following identifies the Organization's management and administrative agreements with affiliates, which define and control various aspects of the Organization's transactions and operations.

The Organization entered into an administrative services agreement with its parent, EMIA, effective December 17, 1997. According to the terms of the agreement, EMIA provides marketing and administrative services to EHC, for which EHC pays EMIA a sum equal to three-quarters of one-tenth of one percent (.075%) of all medical premiums received, and 9.2% of all dental premiums received by EHC.

During the prior examination, the Organization was found to be in violation of U.C.A.§ 31A-16-106 (1) (b) (iv), for failure to notify the Commissioner in writing, of its intention to amend the administrative agreement, increasing the dental premium payments. During 2002, the Organization paid the forfeiture, and filed the appropriate Form D with the Utah Insurance Department.

The Organization cedes one hundred percent (100%) of its group medical business to its parent pursuant to a reinsurance agreement, effective January 1, 1999. According to the agreement, Section 1.2, this is a one-year contract for the calendar year 1999. Also, Section 1.1 specifies that premiums will be paid to the reinsurer in arrears. According to discussions with management, and a review of the premium cycle, the EHC policyholder premiums are deposited directly by EMIA into EMIA's bank accounts, rather than into the EHC bank accounts. Journal entries are made to reflect that the premium is EHC's and ceded to EMIA. Therefore, in practice, premiums are not collected by EMIA from EHC in arrears, contrary to the terms of the reinsurance agreement.

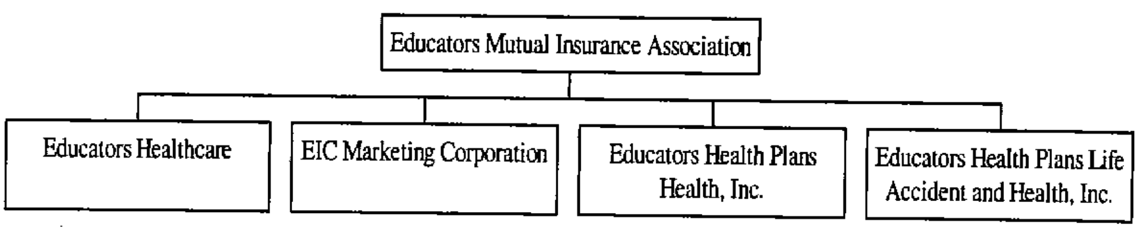
The examiners recommended that the company properly amend its agreement for the above-mentioned issues, and review its reinsurance arrangements for any other variations or problems or violations of NAIC or State requirements.

There were certain activities subsequent to the examination date, which are briefly discussed below:

During the course of this examination, the Organization provided a signed addendum to the reinsurance agreement, changing both clauses, and a Form D was filed with the Department.

Pursuant to approval by EMIA's board of directors, and Departmental approval, EMIA formed two new companies for the purpose of marketing health insurance to commercial groups. A certificate of authority was issued to Educators Health Plans Life, Accident, and Health, Inc. (EHPLA&H) on January 23, 2006, to transact accident and health, life, annuity and variable contract insurance to commercial groups. On January 24, 2006, a certificate of authority was issued to Educators Health Plans Health, Inc. (EHPH) to transact business as a Health Maintenance Organization (HMO).

An organizational chart illustrating the insurance holding company system subsequent to December 31, 2005, as a result of the dissolutions and formations of the new subsidiaries, is as follows:



FIDELITY BOND AND OTHER INSURANCE

The minimum fidelity insurance coverage suggested by the National Association of Insurance Commissioners (NAIC) for the Organization and its parent is $500,000. The parent held a fidelity bond with an aggregate liability of $800,000 and a single loss deductible of $25,000. The Organization was not included in the EMIA master fidelity bond as of December 31, 2005. As a result of this examination, EMIA obtained fidelity bond coverage by endorsement for all of its subsidiaries in April 2006, retroactive to the August 1, 2005 effective date of the fidelity bond. The Organization was also included on general liability policies including the Errors & Omission policy and Directors & Officers policy.

PENSION, STOCK OWNERSHIP AND INSURANCE PLANS

The Organization had no employees and thus had no employee benefit programs or life and health insurance plans for employees. All staff working on behalf of the Organization are employees of the parent, providing services pursuant to an administrative services agreement.

STATUTORY DEPOSITS

The Organization's statutory deposit requirement was $550,000, pursuant to U.C.A. § 31A-8-211(1). The examination confirmed that the Organization maintained a statutory deposit consisting of the following for the benefit of all policyholders, claimants and creditors of the Organization, which was adequate to cover the required deposit of $550,000.

State	Description of Deposit	Par Value	Book Value	Fair Value
Utah	US Treas Note, 4.620%, mat 5/15/06	$ 150,000	$ 150,408	$ 150,152
Utah	US Treas Bond, 8.750%, mat 8/15/20	150,000	150,000	215,789
Utah	US Treas Bill, 4.085%, mat 4/27/06	250,000	246,646	246,646

INSURANCE PRODUCTS AND RELATED PRACTICES

Policy Forms and Underwriting

The Organization provided a list of policy forms filed as of December 31, 2005. A sample review of the policy forms found that they agreed with the UID filings without exceptions.

Territory and Plan of Operation

The Organization was authorized to conduct HMO business only in the state of Utah. The Organization furnished health care services through arrangements with providers to enrollees in return for periodic payments. The Organization was obligated to arrange for available accessible health care, and its plan of operations utilized both leased access to health care networks, consisting of physicians, hospitals and other health care providers, and direct contracts with hospitals and physicians outside the network, and it also writes PPO dental coverage.

The Organization's products were marketed through an administrative services agreement with its parent, EMIA. In addition, the parent provided seminars, training sessions, faculty meetings with employer groups, informational brochures and descriptions of the Organization's plans, which EMIA delivered to employer groups within the Organization's authorized service area.

The Organization issued a policy to the Charter School Pool without following Utah Insurance Code requirements. It failed to file forms in compliance with U.C.A. § 31A-21-201(1), and it failed to file rates and a Letter of Intent to comply with Utah Administrative Code (U.A.C.) Rule R590-167. The Organization informed the Department of the error on April 6, 2006. Upon review of the form issued to the Charter School Pool, it was determined that there were thirteen errors in the filing. The Organization submitted corrections to the filing on August 31, 2006. The Department was informed on August 24, 2006 that The Charter School Pool would be modified to a self-funded arrangement effective September 1, 2006.

Advertising and Sales Material

The Organization does not have any traditional advertising of its own. It markets directly to the groups or through brokers, and works with a public relations firm to help improve its image in the community.

Treatment of Policyholders

The Utah complaint register indicated there were no complaints received during the examination period. The Organization's procedures and policies, and statistical summaries were reviewed in the concurrent examination of EMIA since the complaints for both companies are located in one complaint register and the policies and procedures are the same for both entities.

REINSURANCE

Assumed

The Organization does not assume any reinsurance business.

Ceded

As mentioned in the Transactions with Affiliates section, the Organization cedes one hundred percent (100%) of its group medical business, premiums and losses, to its parent, EMIA, through a reinsurance agreement effective January 1, 1999. The business ceded includes the Care, CarePlus, HealthChoice, HealthChoice II, Network Select &

Select Care products (referred to as "The Plans"). EHC retains no premium or losses on this business. EHC's dental business is fully retained, and not reinsured under this agreement.

There are no reinsurance recoverable amounts, and the claims unpaid have been properly reduced by the $1,026,337 ceded amount for all group medical claims. The claims unpaid of $227,448 are comprised only of the dental business, which is retained by EHC.

Although the Organization cedes 100% of its medical business to its parent, EMIA, it is also included in the excess or stop loss reinsurance treay with Allianz. At December 31, 2005, the Allianz Medical Excess reinsurance agreement, which is effective September 1, 2005 through August 31, 2006, covers the medical business of EMIA and each of its subsidiaries, EHC, EHPH and EHPLA&H. This treaty replaces the previous treaty with American Re-insurance Company which ended August 2005. The Allianz treaty provides for three layers of excess coverage. EMIA retains the first $300,000 of loss per member per contract year. The ultimate net loss provided by the three layers is from the first $300,000 retention up to the level of $2,500,000. There is a special provision in this treaty for members that utilize the LifeTrac Network Transplant, the excess coverage picks up after the first $200,000 retention to $2,500,000.

The Allianz agreement fails to specify timeliness or due dates for Allianz's payment on claims to the Organization. It is recommended that the Organization protect itself by including clear wording as to the reinsurer's obligations for making timely payment on losses.

ACCOUNTS AND RECORDS

The Organization was included in the parent's accounting system pursuant to an administrative services agreement. This accounting system utilized a centralized computer record processing system, supplemented by ancillary records maintained manually and on personal computers. A trial balance, as of December 31, 2005, was prepared from the Organization's general ledger. Account balances were traced to annual statement reports, exhibits, and schedules without material exception. Individual account balances were examined as deemed necessary.

An independent certified public accounting firm audited the Organization's records during the period covered by this examination. Audit reports generated by the auditors for the years 2002 through 2005 were made available for the examiner's use.

There were various sections of the annual statement that lacked proper reporting or disclosure, as required by the NAIC Annual Statement Instructions. These are included below.

1. General Interrogatories

The Organization did not disclose Schumann Capital Management as its investment advisor in Part 1, No. 24.05 of the General Interrogatories for the period under examination.

We recommend the Organization disclose its investment advisor in Part 1 of the General Interrogatories.

2. Schedule E - Part 1 - Cash

On the Annual Statement Schedule E - Part 1 – "Cash", the Organization incorrectly listed $406,628 in certificates of deposit as held in suspended depositories. The respective institutions have not been suspended by any regulatory agency.

It is recommended that the Organization reclassify their certificates of deposits from the suspended depositories to open depositories category in Schedule E - Part 1.

3. Current Federal and Foreign Income Tax Payable

The Organization incorrectly reported its franchise tax liability as a federal income tax liability rather than as taxes, licenses and fees.

It is recommended that the Organization reclassify its franchise tax liability to the taxes, licenses and fees account on future financial statements.

FINANCIAL STATEMENTS

The following financial statements were prepared from the Organization's accounting records and the valuations and determination made during the examination:

BALANCE SHEET as of December 31, 2005

STATEMENT OF REVENUE AND EXPENSES for the Year Ended December 31, 2005

RECONCILIATION OF CAPITAL AND SURPLUS – 2001 through 2005

The accompanying NOTES TO FINANCIAL STATEMENTS are an integral part of the financial statements.

EDUCATORS HEALTH CARE
BALANCE SHEET
as of December 31, 2005

ASSETS

	Net Admitted Assets
Bonds	$ 1,481,670
Preferred Stock	130,460
Common Stock	201,402
Cash and short-term investments	1,394,048
Investment income due and accrued	32,460
Uncollected premiums and agents' balances in the course of collection	174,316
Health care and other amounts receivable	563
Total assets	$ 3,414,919

LIABILITIES

Claims Unpaid	$ 227,448
Unpaid claims adjustment expense	6,823
Premiums received in advance	160,057
General expenses due or accrued	22,390
Current federal and foreign income tax payable and interest thereon	40,000
Remittances and items not allocated	51,380
Amounts due to parent, subsidiaries, and affiliates	125,561
Total liabilities	$ 633,659

CAPITAL AND SURPLUS

Common capital stock	$ 330,000
Unassigned funds (surplus)	2,451,260
Total capital and surplus	2,781,260
Total liabilities, capital and surplus	$ 3,414,919

EDUCATORS HEALTH CARE
STATEMENT OF REVENUE AND EXPENSES
for the Year Ended December 31, 2005

	Total
Net premium income	$ 3,050,723
Fee for service	1,933
Total revenues	3,052,656
Hospital and Medical:	
Hospital/medical benefits	6,993,051
Other professional services	2,917,179
Emergency room and out-of-area	192,815
Prescription drugs	1,179,986
Total medical and hospital	11,283,031
Less:	
Net reinsurance recoveries	8,764,320
Total hospital and medical	2,518,711
Claims adjustment expenses	100,780
General administrative expenses	411,688
Total underwriting deductions	3,031,179
Net underwriting gain	21,477
Net investment income earned	114,736
Net realized capital gains (losses)	(6,000)
Net investment gains (losses)	108,736
Net income or (loss) before federal income taxes	130,214
Federal and foreign income taxes incurred	40,000
Net income (loss)	$ 90,214

EDUCATORS HEALTH CARE
RECONCILIATION OF CAPITAL AND SURPLUS
2001 through 2005

	2002	2003	2004	Per Exam 2005
Capital and surplus, December 31, previous year	$ 2,168,613	$ 2,198,541	$ 2,583,551	$ 2,779,673
Net income	130,526	314,529	216,703	90,214
Change in valuation basis aggregate reserves	5,941			
Change in net unrealized capital gains (losses) less capital gains tax of $0	(106,539)	70,481	(20,581)	(22,223)
Change in nonadmitted assets				(66,403)
Net change in capital and surplus for the year	29,928	385,010	196,122	1,588
Capital and surplus end of reporting year	$ 2,198,541	$ 2,583,551	$ 2,779,673	$ 2,781,260

* Per the regulatory financial statements filed with the Utah Insurance Department.

NOTES TO FINANCIAL STATEMENTS

The Organization's capital and surplus was determined to be $2,781,260, as reported in the Organization's annual statement as of December 31, 2005. The Organization's minimum capital requirement was $550,000 as defined in U.C.A. § 31A-8-209. As defined by U.C.A. § 31A-17 Part 6, the Organization had total adjusted capital of $2,781,260, which exceeded the company action level risk-based capital (RBC) requirement of $1,912,126 by $869,134.

SUMMARY OF EXAMINATION FINDINGS

Items of significance commented on in this report are summarized below:

1. Reinsurance Agreement with EMIA

The reinsurance agreement with EMIA, the parent, dated January 1, 1999, was for the year 1999 only. The agreement also provided for premiums to be paid in arrears. According to discussions with management, the Organization was acting as though this is a continuing agreement and premiums are not collected in arrears, but deposited directly by the reinsurer into its bank accounts. Premiums were not paid by EHC in arrears, contrary to Section 1.1 of the reinsurance agreement. This reinsurance agreement with EMIA was subsequently amended in August 2006, as a result of the Department's examination, to properly reflect its reinsurance arrangement, whereby premiums are collected directly by EMIA, and to reflect that the agreement is automatically renewed each year until terminated. (Transactions with Affiliates)

It is recommended that the Organization continue to ensure that its related party agreements are in compliance with the NAIC and State requirements; and that the Organization, in practice, abide by the terms of its related party agreements as submitted to the Insurance Department, or amend them accordingly.

2. Fidelity Bond Coverage

The Organization was not included in the EMIA master fidelity bond as of December 31, 2005. As a result of this examination, EMIA obtained fidelity bond coverage by endorsement for all of its subsidiaries in April 2006, retroactive to the August 1, 2005 effective date of the fidelity bond. (FIDELITY BOND AND OTHER COVERAGE)

3. Small Group Business:

The Organization issued a policy to the Charter School Pool without following Utah Insurance Code requirements. It failed to file forms in compliance with U.C.A. § 31A-21-201(1), and it failed to file rates and a Letter of Intent to comply with Utah Administrative Code (U.A.C.) Rule R590-167. The Organization informed the Department of the error on April 6, 2006. Upon review of the form issued to the Charter

School Pool, it was determined that there were thirteen errors in the filing. The Organization submitted corrections to the filing on August 31, 2006. The Department was informed August 24, 2006 that The Charter School Pool would be modified to a self-funded arrangement effective September 1, 2006. (Territory and Plan of Operation)

4. Alliance Medical Excess Reinsurance Agreement

The Allianz reinsurance agreement fails to specify timeliness or due dates for Allianz's payment on claims to the Organization. It is recommended that the Organization protect itself by including clear wording as to the reinsurer's obligations for making timely payment on losses. (REINSURANCE – Ceded)

Subsequent to the examination date on August 21, 2006, Endorsement No. 2 was added to the Alliance reinsurance agreement. Article 6 Item 6.3 "**Payment of Claims**" was added as follows:

6.3 **Payment of Claims**. Submitted claims will be adjudicated, within 30 calendar days of Allianz Life's receipt of the information in Article 6.2. (REINSURANCE Ceded)

5. Reporting and Disclosures:

There were various errors in the annual statement reporting as outlined in the Accounts and Records section of this report. Errors in reporting were an issue in the prior two reports of examination. It is recommended that the Organization take necessary precautions and steps to thoroughly review its annual statement presentation prior to issuing and filing its statements. (ACCOUNTS AND RECORDS)

CONCLUSION

Participating on this examination, were examiners Ed Fossa, CFE, and Don Catmull, CFE, Brandon Thomas, IS Specialist, and James MacDougall, FSA, MAAA, of Marsh Actuarial Consulting, Inc. Colette Reddoor, CFE, Assistant Chief Examiner and Neeraj Gupta, Examination Manager, supervised the examination. They join the undersigned in acknowledging the assistance and cooperation extended during the course of the examination by officers, employees, and representatives of the Organization.

Respectfully Submitted,

Carolyn Maynard

Carolyn Maynard, CFE
Examiner-In-Charge, representing the
Utah Insurance Department